

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	INST-P01
First Named Inventor	Rutan
COMPLETE IF KNOWN	
Application Number	
Filing Date	01 MAR 2004
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LICENSING METHOD FOR AN ELECTRONIC FILE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

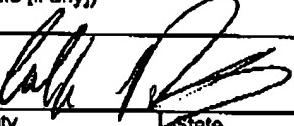
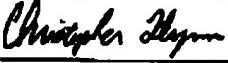
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Jeffrey Cox, Esq.			
Address 209 S. Fourth Ave., Suite 2A			
City Ann Arbor		State Michigan	ZIP 48104
Country US		Telephone 734-355-0875	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Caleb C.		Family Name or Surname Rutan	
Inventor's Signature 			Date 01 MAR 2004
Residence: City Ann Arbor	State Michigan	Country US	Citizenship US
Mailing Address 555B Longshore Drive			
City Ann Arbor	State Michigan	ZIP 48105	Country US
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle [if any]) Christopher P.		Family Name or Surname Flynn	
Inventor's Signature 			Date 01 MAR 2004
Residence: City Ypsilanti	State Michigan	Country US	Citizenship US
Mailing Address 7292 Mapletawn Drive			
City Ypsilanti	State Michigan	ZIP 48197	Country US
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <input type="text"/> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Jeffrey Cox, Esq.

Address

209 S. Fourth Ave., Suite 2A

City

Ann Arbor

State

Michigan

ZIP

48104

Country

US

Telephone

734-355-0675

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Caleb C.

Family Name
or Surname
Rutan

Inventor's
Signature

Date
01 MAR 2004

Residence: City
Ann Arbor

State
Michigan

Country
US

Citizenship
US

Mailing Address
555B Longshore Drive

City
Ann Arbor

State
Michigan

ZIP
48105

Country
US

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Christopher P.

Family Name
or Surname
Flynn

Inventor's
Signature

Date
01 MAR 2004

Residence: City
Ypsilanti

State
Michigan

Country
US

Citizenship
US

Mailing Address
7292 Maplegrove Drive

City
Ypsilanti

State
Michigan

ZIP
48197

Country
US

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.